

Winston Abendroth
National Stage Processing
Patent Specialist
(703) 365-6421

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107525439
FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		11		11		11
TOTAL DEP.		11		11		11
TOTAL CLAIMS		11		11		11